

# CLEARANCE OF PERSONNEL FOR SEPARATION OR TRANSFER

1. Employee Name:		2. Organization:		3. Bldg/Rm:		4. Release Date:	
5. Forwarding Address:		6. Action: <input type="checkbox"/> Transfer to another NIH component				<input type="checkbox"/> Resignation	
		<input type="checkbox"/> Transfer to another Government Agency				<input type="checkbox"/> Retirement	
		<input type="checkbox"/> Termination of Appointment					
7. Items to be Cleared		Check if Applicable	Check Point (Name/Title/Bldg. & Rm.)			Signature	
1. PHS-1373, Separation of Commissioned Officer							
• PHS-31, Officers' Leave Record							
2. Payroll Records (ITAS)							
3. HHS-476, Record of Home Address							
4. NIH-101, Termination of Clinical Privileges							
5. Agreements (Employee, Training, etc)							
6. Outstanding Travel Advance/Voucher							
7. NIH Enterprise Directory (NED)							
8. Employee Performance Review/Rating							
9. Separation Consultation (Supervisor)							
10. Ethics Consultation							
11. Relief of Accountable Property							
12. Relief of Flexible Workplace Equipment							
13. Relief of Personal Appeal Items:							
• cell phones							
• pagers							
• palm pilots							
• laptop computers							
14. CIT Accounts and Authorizations							
15. Computer Systems Access (LANs, e-mail, MIS)							
16. Electronic Records/Files							
17. NIH and NLM Library Cards/Materials							
18. Animal Protocol Closure/Reassignment							
19. NIH-2604, Del of Acquisition Authority							
20. NIH-2604-1, Request for Ordering Official Authority							
21. PHS-6364, Employee Invention Report							
22. Technology Transfer Separation Consultation							
23. Scientific Records (files, notebooks, etc.)							
24. Office/Building Keys/Cardkeys							
25. NIH Identification Card							
26. NIH Parking Permit/Hanger							
27. Transshare Commuter Cards/Fare Media							
28. Credit Cards & Phone Cards:							
• Travel Card							
• Domestic/International Phone Card							
• IMPACT Purchase Card							
• Self Service Store Card							
• Metro Fare Card							
29. Radiation Badge/Radioactive Material							
Other/Notes:							
<i>I certify that I have no NIH property, records, or correspondence and I do not have any unresolved indebtedness with the Department</i>				<i>I certify that I have reviewed this form and that all required clearances have been obtained.</i>			
8. Employee's Signature		Date		9. Supervisor's Signature		Date	
10. Administrative Officer's Signature		Date		11. Department Head/Office Chief's Signature		Date	

## **Instructions**

Employees must use this form to obtain proper clearance from their position. Appropriate sections must be completed before separating/transferring.

The employee's Clearance Official (immediate supervisor), in consultation with the Administrative Officer (AO) will mark the appropriate checkpoints.

All areas indicated as checkpoints must be cleared and signed by each representative organization.

Failure to complete this form could result in the delay of the employee's final paycheck and any lump-sum payments.

## **Specific Instructions**

### **Items 1-6, Employee Information:**

Upon notification that the employee is transferring/separating, the Clearance Official (immediate supervisor) notifies the AO who in turn initiates this form, completing items 1-6, and provides the form to the Clearance Official. The employee is responsible for reviewing these items for accuracy.

### **Item 7, Items to be Cleared:**

The Clearance Official coordinates with the AO to note which clearance points are applicable by completing the Check Point box. The Clearance Official should work with the AO to identify the name and location of appropriate checkpoints within the ICD and NIH. All clearance points must be cleared prior to separation or transfer.

The employee is responsible for reviewing these items for accuracy, allowing sufficient time to obtain all required clearances, calling ahead to schedule an appointment at each checkpoint (if necessary), traveling to each checkpoint and acquiring the signature of the appropriate official at the checkpoint.

### **Items 8-11, Final Approval:**

Once the employee has cleared each designated checkpoint and prior to separation on the final day of official duty, the employee must sign and date the form and obtain the final approval signatures from the Clearance Official, AO, and any concurring signatures as required by the ICD.

### **Records Retention:**

The ICD AO is responsible for retaining the original of this form for one year or for one year after any indebtedness is recovered, whichever occurs later.